REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to: Mail Stop RCE Commissioner for Patents P.O. 1450 Alexandria, VA 22313-1450

Application No.	10/805,755	
Filing Date	March 22, 2004	
First Named Inventor	Shinji Kuno	
Art Unit	2181	
Examiner Name	Ernest Unelus	
Attorney Docket Number	6639P011	

Alexandria, VA 22313-1430	dor 27 CEP 1 114 of the above-identified application		
This is a Request for Continued Examination (RCE) und Request for Continued Examination (RCE) practice under 37 CFR § 1.114	does not apply to any utility or plant application filed prior to June		
8, 1995, or to any design application.			
Submission required under 37 CFR 1.114 Note: If the amendments enclosed with the RCE will be entered in the order in	which they were light liniess applicant instructs otherwise. If approant over		
not wish to have any previously filed unentered amendment(s) enter	ered, applicant must request non-entry or such amendment(s).		
 a.	tanding, any amendments liled after the final Office solution and the solution of the solution		
i. Consider the arguments in the Appeal Brief or			
ii. Dther			
b. ☑ Enclosed i. ☑ Amendment/Reply iii. [ii. ☐ Affidavit(s)/Declaration(s) iv. [Information Disclosure Statement (IDS) Other		
2 Miscellaneous			
 Miscellaneous a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required) 			
b. Dother			
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CF	FR 1.114 when the RCE is filed.		
a. The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments, to Deposit Account No. 02-2666. I have enclosed a duplicate copy of this sheet.			
i. RCE fee required under 37 CFR 1.17(e)			
ii. Extension of time fee (37 CFR 1.136 and 1.17)			
iii.			
 b. ☐ Check in the amount of \$0.00 enclosed 			
c. 🔲 Payment by credit card (Form PTO-2038 enclosed			
WARNING: Information on this form may becon included on this form. Provide credit card info	ne public. Credit card information should not be rmation and authorization on PTO-2038.		
	TTORNEY, OR AGENT REQUIRED		
Name (Print/Type) William W. Schaal	Registration No. (Attorney/Agent) 39,018		
Signature	Date May 16, 2007		
	ING OR TRANSMISSION		
I hereby certify that this correspondence is being submitted electronically			
	May 16, 2007		
Name (Print/Type) Susan McFarlane			
Cignoture S : M/A.	Date May 16, 2007		

Signature